

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



March 18, 1991

Letter No.: 91-22

TO: All County Welfare Directors
All Medi-Cal Program Liaisons

SUBJECT: SNEEDE CASELOAD MOVEMENT AND ACTIVITY REPORT FORM

The purpose of this letter is to transmit the Sneede Caseload Movement and Activity Report (MC237 SN) and the procedures for the completion of this form. Initially counties will be asked to reproduce this form until the final version can be composed. At that time, adequate stock will be provided to the counties. Counties can expect this supply prior to the second reporting month.

Background

The Sneede Caseload Movement and Activity Reporting form is used by the Department of Health Services (DHS) to report Sneede class members to the Sneede plaintiff's attorney, as required by a United States District Court's order. This form is required to be completed by all counties for fifteen months beginning with the April 1991 month of implementation.

Reporting Requirements

This form must be completed by counties and returned to the DHS Sneede Coordinator by the 20th day of the month following the reporting month. Return this completed form to:

Department of Health Services
Medi-Cal Operations Section
714 P Street, Room 1650
Sacramento, CA 95814

Attention: Sneede Coordinator

All of the cases reported on this form will be a duplication of the caseload activity reported on the Caseload Movement and Activity Report (MC 237) which is sent to DHS' County Administrative Expense Section.

All County Welfare Directors
All Medi-Cal Program Liaisons
Page 2

If you have any questions or comments regarding this form or reporting requirements, please call Larry Lucero at (916) 322-5068.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Consultants

SNEEDE CASELOAD MOVEMENT AND ACTIVITY REPORT

County	Report Month	Year
--------	--------------	------

A Sneede case is one which has a share of cost and/or excess property after using regular Medi-Cal procedures and contains one or more of the following factors:

1. A stepparent.
2. An unmarried couple with mutual children.
3. Child with own nonexempt income and/or property.
4. A caretaker relative.

SNEEDE CONTACTS

1. Number of Sneede inquiries received by county during month

SNEEDE INTAKE ACTIVITY

2. Applications (original MFBUs)
 - a. Number of applications processed during month where Sneede procedures were applied to household's property and/or share of cost computation
 - b. Number of applications still denied due to excess property after Sneede procedures applied
 - c. Number of property-eligible applications where only Sneede property procedures are applied
 - d. Number of applications withdrawn after Sneede procedures applied
 - e. Total number of applications (original MFBUs) where ongoing income MBUs are established (a-b-c-d)
3. **SNEEDE INCOME MBU DETERMINATIONS - INTAKE**
 - a. Total # of MBUs reduced to zero share of cost after Sneede procedures applied
 - b. Total # of MBUs eligible with a share of cost after Sneede procedures applied
 - c. Total number of income MBUs established (a+b)

LENGTH OF TIME ELAPSED FROM DATE OF APPLICATION TO DATE OF SNEEDE DETERMINATION

APPLICATIONS <u>SNEEDE</u>	45 DAYS OR LESS	MORE THAN 45 DAYS	TOTAL
4. Approved			
5. Denied			
6. Withdrawn			

SNEEDE CONTINUING ACTIVITY

7. Screening Continuing Cases

a. Sneede cases identified at the time of status reports
this month

b. Sneede cases identified through redeterminations this month

8. Number of Continuing Cases (original MFBUs) processed during month
for Sneede MBU determinations

9. SNEEDE INCOME MBU DETERMINATIONS - CONTINUING

a. Total # of MBUs reduced to zero share of cost
after Sneede procedures applied

b. Total # of MBUs eligible with a share of cost
after Sneede procedures applied

c. Total # of income MBUs established (a+b)

LENGH OF TIME ELAPSED FROM DATE OF IDENTIFICATION TO SNEEDE MBU DETERMINATION

<u>CONTINUING CASES</u> <u>SNEEDE MBUs</u>	60 DAYS OR LESS	60 TO 90 DAYS	OVER 90 DAYS
10. Approved			
11. Pending			

INSTRUCTIONS
SNEEDE CASELOAD MOVEMENT AND ACTIVITY REPORT
(MEDICAL ASSISTANCE ONLY)
FORM MC 237 SN (4/91)

Form MC 237 SN, Sneede Caseload Movement and Activity Report, is used by the Department of Health Services (DHS) to report Sneede class members to the Sneede plaintiffs' attorney, as required under a United States District Court's order.

For Sneede reporting purposes, all reports are for the calendar month (e.g., from the first day of the month to the last day of the month). For applications, "elapsed time" is the number of days from the date on the CA 1/SAWS 1, as stated in Title 22, California Code of Regulations, Section 50151, to the date on the Notice of Action (NOA). For continuing cases "elapsed time" is the number of days from the date of identification to the last day of the month or the date on the NOA. A pending case means a case for which action has not been completed by the last day of the month.

Sneede Case - - Definition

All Sneede case activity shall be reported on the Form MC 237 SN. Sneede cases are defined as those which have a share of cost or are determined property ineligible under current regular Medi-Cal rules and meet the specific Sneede class member criteria as stated in All County Welfare Director's Letter (ACWDL) 91-18.

INSTRUCTIONS FOR COMPLETION

SNEEDE CONTACTS

1. Sneede Contacts. Enter the number of Sneede inquiries received by the County Welfare Department (CWD) during the month. This is the combined total of people who contact the CWD with a Sneede inquiry because of the mailer, seeing a poster, word of mouth, etc. Inquiries include phone calls, letters, or personal contact.

NOTE: This does not include those people who return the self-identification form with their Medi-Cal status report.

SNEEDE INTAKE ACTIVITY

2. Applications (Original MFBUs). Include only those applications which are processed during the month. An application is considered processed during the month when the Notice of Action (NOA) is dated in that same month.

- a. Enter the number of applications processed during the month where Sneede procedures were applied to a household's property and/or share of cost computation.
- b. Enter the number of applications still denied due to excess property after Sneede procedures are applied.
- c. Enter the number of applications in which Sneede procedures were applied to only the property determination (i.e., the MFBU had a zero share of cost and excess property) and one or more MBUs were determined property eligible.
- d. Enter the number of applications withdrawn after Sneede procedures are applied.
- e. Enter the total number of applications (original MFBUs) where ongoing income MBUs are established. This is the remainder of line 2.a. minus line 2.b. minus line 2.c. minus line 2.d.

3. SNEEDE INCOME MBU DETERMINATIONS - INTAKE

- a. Enter the total number of MBUs reduced to zero share of cost after Sneede procedures are applied.
- b. Enter the total number of MBUs eligible with a share of cost after Sneede procedures are applied.
- c. Enter the total number of income MBUs established. This is the sum of line 3.a. plus line 3.b.

LENGTH OF TIME ELAPSED FROM DATE OF APPLICATION TO DATE OF SNEEDE DETERMINATION

4. Approved. Enter the numbers from line 2.c. and line 2.e. This total is to be separated into the number of cases approved in 45 days or less and more than 45 days. Enter the sum of these numbers in the Total column.
5. Denied. Enter the number from line 2.b. This total is to be separated into the number of cases denied in 45 days or less and more than 45 days. Enter the sum of these numbers in the Total column.
6. Withdrawn. Enter the number from line 2.d. This total is to be separated into the number of cases withdrawn in 45 days or less and more than 45 days. Enter the sum of these numbers in the Total column.

SNEEDE CONTINUING ACTIVITY

7. Screening Continuing Cases. These are regular continuing Medi-Cal cases which have been screened for Sneede factors. Include only those cases with a share of cost or an excluded person with property/income which contain Sneede factors (See ACWDL 91-18).
- a. Enter the number of cases identified as requiring Sneede processing at the time of the status report this month. These cases would be identified through the use of either: (1) the Sneede self-identification form (if used by the county) returned with the Medi-Cal status report; or (2) case review at the time the status report was returned and filed in the case record this month.
 - b. Enter the number of cases identified at the time of the redetermination this month which require Sneede processing.
8. Enter the number of Continuing Cases (original MFBUs) processed during the month for Sneede MBU determinations. Include only those case from line 7.a. and line 7.b. where a final action was taken, e.g., a NOA is sent.

NOTE: The sum of line 7.a. and line 7.b. will not necessarily equal line 8.

9. SNEEDE INCOME MBU DETERMINATIONS - CONTINUING

- a. Enter the total number of income MBUs reduced to zero share of cost after Sneede procedures are applied.
- b. Enter the total number of income MBUs eligible with a share of cost after Sneede procedures are applied.
- c. Enter the total number of income MBUs determined. This is the sum of line 9.a. plus line 9.b.

NOTE: This is the number of Sneede continuing cases which receive an additional case count on the MC 237 Caseload Movement and Activity Report (Medical Assistance Only). It does not include Sneede property only MBUs.

LENGTH OF TIME ELAPSED FROM THE DATE OF IDENTIFICATION TO SNEEDE MBU DETERMINATION

10. Approved. Enter the number from line 9.c. This total is to be separated into the number of continuing cases approved in 60 days or less, 60 to 90 days, or over 90 days.
11. Pending. Enter the number of continuing cases from line 7.a. and line 7.b. which are still pending. This total is to be separated into the number of continuing cases pending for 60 days or less, 60 to 90 days, or over 90 days.

Counties are to send the completed form by the 20th day of month following the reporting month to:

State Department of Health Services
Medi-Cal Operations Section
714 P Street, Room 1650
Sacramento, CA 95814

ATTN: Sneede Coordinator